



FOLLOW-UP SURVEY TRAINING

July 2016

OVERVIEW

- Why do Follow-up Surveys?
 - Measures long-term impact of treatment
 - Comparable to admission and discharge data
 - Can help improve client outcomes with post-discharge contact
 - Data informed decisions for providers and stakeholders



BASIC DETAILS

- Surveys are used in other states
- Pilot was completed with IDHW Adult population
- Enhancements based on the pilot
- Requirement for serving clients funded through IDHW and IDJC
- Surveys at thirty days, six and twelve months
- Non-clinical staff can complete the surveys



FEEDBACK ON PILOT

- Importance of getting a signed informed consent form
- Clients difficult to track down
- More clarity in drop-down responses
- Need more training
- Simpler process of being alerted to do surveys
- Simpler process for billing



BENEFITS

- Meaningful outcome data
- Additional source of revenue
- Opportunity for post-discharge therapeutic contact
- Opportunity to reengage/refer clients
- Outcomes at the provider and state level that will be shared with providers



INCLUDED POPULATIONS

- All clients funded through the following IDHW populations: Adult, Adult Mental Health, Adolescent, Child Protection, Domestic Violence Court, IVDU, Mental Health Court, Misdemeanant Problem Solving Court, PW/WC, State Hospital, and Supervised Misdemeanants
- All clients funded through IDJC



IMPLEMENTATION

- Clients with active treatment episodes that have a discharge on or after July 1, 2016
- All new admissions
- Clients that completed a thirty day Follow-up Survey during the pilot
- All clients that have a signed informed consent form in their file
- All discharge types



INFORMED CONSENT

- <http://wits.idaho.gov/Portals/73/Documents/substanceUse/Follow-up%20Survey%20Assessment/Informed%20Consent.pdf>
- All clients must have a signed or declined form in their file
- Review form details with clients
- Please emphasize the importance of the information and benefits to them
- Information will be de-identified and is not to be shared with anyone



PREPARATION

- Surveys should be explained to all clients at intake, treatment planning, discharge planning, and completion of treatment
- Informed consent and contact information should be reviewed prior to discharge
- Notify the client who will be contacting them from your agency



DISCHARGES

- Discharge date is the last date of contact, not the date the discharge activity is completed in WITS
- For known discharge dates (completed treatment, etc.) the discharge activity in WITS should be completed no later than fourteen days after the last date of contact
- Get updated contact information



DROPPED OUT

- Calls to re-engage clients should be made regularly up until thirty days since last date of contact
- Discharge must be completed on day thirty of no contact
- Immediately attempt to contact the client to complete the survey upon completing the discharge
- Explain the new reason for contact



TRANSFERS

- When a therapeutic alliance is established or there is a true break in treatment complete the survey
- When in doubt, complete the survey
- It is okay for clients to complete the survey following Residential and following IOP/OP
- Do not complete survey for funding type, location, or provider transfer where there is no break in treatment



NOTIFICATIONS

- Weekly emails will be sent to WITS Administrators at least a week before due, with client information
- Surveys can be completed one week before and two weeks after interval
- In coming months, a WITS alert will replace the weekly emails
- A provider communication will announce the change in advance



ATTEMPTS TO CONTACT

- All available methods of contact should be used to include: phone calls, texts, emails, social media, mailing the paper form, collateral contacts, having prescheduled appointments with the clients, having “alumni” groups that clients can attend monthly, where they can complete the paper form, etc.



UNSUCCESSFUL ATTEMPT

- Four unsuccessful attempts allows for billing and ceasing to attempt to contact the client for the surveys
- One unsuccessful attempt per day
- Use code “awaiting response” in WITS if client may still participate
- All available methods should be attempted for each unsuccessful attempt (call, text, email, etc.)



COMPLETING THE SURVEY

- All of the questions are required to be answered to be “completed”
- Information can only come directly from the client
- Answers should be provided one week before or up to two weeks later than the interval
- Get updated contact information at thirty days and six months



CRISIS MANAGEMENT

- Have an internal plan on how to handle cases where clients being contacted are in crises
- Have a clinical staff and/or case manager available to administrative staff that are completing the surveys
- Practice care coordination with BPA Health or other potential access points to care for clients



PERFORMANCE

- 100% of clients should have a completed survey or documented reason for why it wasn't completed
- 100% of clients should have an informed consent form either signed or declined by the client in the file
- Rates of forms signed, attempts made, and surveys completed will be measured to establish standards



COMPENSATION

- Four documented unsuccessful attempts will result in billing \$20
- Completed surveys will result in billing \$30, and having the opportunity to bill again at six and twelve months
- In the future, additional compensation and incentives will likely be affected based on performance



QUESTIONS

- Any questions?
- Contact Information:
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